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Aboriginal People and HIV/AIDS: Immediate Action Required

Ottawa / Montréal - The HIV/AIDS epidemic among Aboriginal people in Canada has become a serious concern. The proportion of HIV and AIDS cases attributed to Aboriginal persons has been climbing steadily. By 1999, Aboriginal people were 5 times more likely to have AIDS than other Canadians. In three reports released today, the Canadian HIV/AIDS Legal Network and the Canadian Aboriginal AIDS Network show how HIV/AIDS-related discrimination, jurisdictional divisions and funding problems are barriers to the development of the comprehensive and coordinated response to HIV/AIDS in Aboriginal communities that is so desperately needed. The two agencies call for concerted action to prevent the further spread of HIV among Aboriginal people in Canada.

"The deplorable extent of HIV/AIDS and other health and social problems among Aboriginal people represents a human rights failure in Canada," says Jake Linklater, Executive Director of the Canadian Aboriginal AIDS Network. "We now need a comprehensive, coordinated response to HIV/AIDS among Aboriginal people, a response that must start from an understanding of the racism, discrimination, and cultural denigration experienced by Aboriginal people in Canada."

"The legacy of this experience is apparent," explains Ralf Jürgens, Executive Director of the Canadian HIV/AIDS Legal Network: "On average, Aboriginal people have higher rates of incarceration, higher rates of suicide, drug and alcohol use, more poverty, and poorer health than the non-Aboriginal population of Canada. These are risk factors for HIV."

As a result, while less than three percent of the Canadian population is Aboriginal, the proportion of AIDS cases attributed to Aboriginal persons has increased from one percent before 1990 to 15 percent in 1999. And in those provinces that report ethnicity, 25 percent of newly diagnosed HIV infections in 1999 were among Aboriginal people.⁽¹⁾ In addition, data show that Aboriginal people are infected at a younger age than non-Aboriginal people, and that many are infected through injection drug use.

"Aboriginal people living with HIV or AIDS are one of the most marginalized groups in Canada," says Jake Linklater. "Discrimination comes from a variety of sources, from band administrators and community members to health practitioners and the public at large. Discrimination is often the result of misunderstandings or lack of knowledge about HIV/AIDS, and it is often reinforced by other social problems and other forms of discrimination."

Jürgens continues: "Addressing problems of discrimination for Aboriginal people with HIV or AIDS is made more difficult by the complicated jurisdictional divisions that affect Aboriginal people in Canada. Jurisdictional divisions also complicate the sources and effectiveness of funding for HIV/AIDS services and programs for Aboriginal people. The Aboriginal population in Canada is not homogenous: Métis and First Nations people and the Inuit experience different levels of service depending on where they live, and for First Nations people, whether they are part of treaties or members of a band."

The three reports released today - *Discrimination, HIV/AIDS and Aboriginal People*; *HIV/AIDS and Aboriginal People: Problems of Jurisdiction and Funding*; and *HIV Testing and Confidentiality: Issues for the Aboriginal Community* - contain 24 conclusions and recommendations. Among other things, they call for more involvement of all levels of leadership in HIV/AIDS issues, in order to overcome the denial and discrimination that frustrate community education and prevention strategies; increased funding for HIV/AIDS programs and services for Aboriginal people; and increased access to quality HIV testing and counseling for Aboriginal people.

"With the negotiation of new treaties, self-government initiatives, health transfer arrangements, and other developments, this is a period of dramatic change for First Nations, Métis, and Inuit communities. There is a resurgence of Aboriginal culture and community in Canada. During this process, it is essential that more attention be directed towards the threat that HIV/AIDS poses to Aboriginal communities. Otherwise, many of the important gains of the last decade could be undone." concludes Linklater. Jürgens adds: "HIV/AIDS initiatives must be guided by a commitment to Aboriginal control of, and participation in, proposals for action. Aboriginal people are the experts in addressing issues affecting their communities. But all Canadians, and particularly the provincial and federal governments, have a responsibility to significantly step up their efforts to deal with the crisis of HIV/AIDS among Aboriginal Canadians. We can't afford to wait any longer."

The reports are the result of a joint project of the Canadian HIV/AIDS Legal Network and the Canadian Aboriginal AIDS Network, involving extensive research and discussions with over 50 key informants. They were produced with funding from Health Canada under the Canadian Strategy on HIV/AIDS.

The Canadian HIV/AIDS Legal Network is a non-profit organization engaged in education, legal and ethical analysis, and policy development regarding HIV/AIDS, with a mandate to promote responses to HIV/AIDS that respect the rights of persons with HIV/AIDS. It is based in Montréal.

The Canadian Aboriginal AIDS Network is a non-profit coalition of committed individuals and

organizations which provide leadership, support and advocacy for Aboriginal People living with and affected by HIV/AIDS, regardless of where they reside. Addressing the many complicated issues that are contributing factors to the spread of HIV and how Aboriginal People are dealing and living with the disease is at the forefront of the agency's initiatives.

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This press release, the three reports, and an accompanying series of info sheets

are available on the Legal Network's website: www.aidslaw.ca

1. British Columbia, Alberta, Saskatchewan, Manitoba, Yukon, Newfoundland, Nova Scotia, Prince Edward Island. See, HIV and AIDS Among Aboriginal People in Canada. *HIV/AIDS Epi Update*. Ottawa: Bureau of HIV/AIDS, STD and TB Update Series, LCDC, Health Canada, April 2000.